



Kaiser Foundation Hospital – Southern California Region

2018 COMMUNITY BENEFIT YEAR-END REPORT AND 2017-2019 COMMUNITY BENEFIT PLAN

SAN DIEGO

Submitted to the Office of Statewide Health Planning and Development in compliance with Senate Bill 697, California Health and Safety Code Section 127350.

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I. Introduction and Background

A. About Kaiser Permanente

Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of health care. Among the innovations Kaiser Permanente has brought to U.S. health care are:

- Prepaid health plans, which spread the cost to make it more affordable
- A focus on preventing illness and disease as much as on caring for the sick
- An organized, coordinated system that puts as many services as possible under one roof—all connected by an electronic medical record

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve more than 12 million members in nine states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Care for our members and patients is focused on their Total Health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

B. About Kaiser Permanente Community Health

For more than 70 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

Better health outcomes begin where health starts, in our communities. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grantmaking to pair

financial resources with medical research, physician expertise, and clinical practices. Our community health strategy focuses on three areas:

- Ensuring health access by providing individuals served at KP or by our safety net partners with integrated clinical and social services;
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente’s workforce and assets; and
- Advancing the future of community health by innovating with technology and social solutions.

For many years, we’ve worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. We’ve conducted Community Health Needs Assessments to better understand each community’s unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

C. Purpose of the Report

Since 1996, Kaiser Foundation Hospitals (KFH) in Northern and Southern California have annually submitted to the Office of Statewide Health Planning and Development (OSHPD) a Consolidated Community Benefit Plan, commonly referred to as the SB 697 Report (for Senate Bill 697 which mandated its existence). This plan fulfills the 2018 year-end community benefit reporting regulations under California Health and Safety Code, Section 127340 et seq. The report provides detailed information and financial data on the Community Benefit programs, services, and activities provided by all KFH hospitals in California.

II. Overview and Description of Community Benefit Programs Provided

A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution

In California, KFH owns and operates 36 hospitals: 21 community hospitals in Northern California and 15 in Southern California, all accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). KFH hospitals are located in Anaheim, Antioch, Baldwin Park, Downey, Fontana, Fremont, Fresno, Irvine, Los Angeles, Manteca, Modesto, Moreno Valley, Oakland, Ontario, Panorama City, Redwood City, Richmond, Riverside, Roseville, Sacramento, San Diego, San Francisco, San Jose, San Leandro, San Rafael, Santa Clara, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, Walnut Creek, West Los Angeles, and Woodland Hills.

In 2018, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of \$1,220,499,099 in Community Benefit for a diverse range of community projects, medical care services, research, and training for health and medical professionals. These programs and services are organized in alignment with SB697 regulations:

- Medical Care Services for Vulnerable Populations
- Other Benefits for Vulnerable Populations
- Benefits for the Broader Community
- Health, Research, Education and Training

A breakdown of financial contributions is provided in Tables A and B.

Note that 'non-quantifiable benefits' will be highlighted in the Year end Results section of KFH Community Benefit Plan, where applicable.

Table A – Total Community Benefits Provided in 2018 across California KFH

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$740,302,826
Charity care: Medical Financial Assistance Program ²	\$252,514,999
Grants and donations for medical services ³	\$24,632,288
Subtotal	\$1,017,450,114
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ⁴	\$3,171,145
Educational Outreach Program	\$977,755
Summer Youth and INROADS programs ⁵	\$3,423,227
Grants and donations for community-based programs ⁶	\$30,937,535
Community Benefit administration and operations ⁷	\$12,672,094
Subtotal	\$51,181,755
Benefits for the Broader Community⁸	
Community health education and promotion programs	\$1,028,815
Kaiser Permanente Educational Theatre	\$5,732,278
Community Giving Campaign administrative expenses	\$656,149
Grants and donations for the broader community ⁹	\$3,975,643
National board of directors fund	\$742,683
Subtotal	\$12,135,568
Health Research, Education, and Training	
Graduate Medical Education	\$83,120,684
Non-MD provider education and training programs ¹⁰	\$24,019,233
Grants and donations for the education of health care professionals ¹¹	\$1,706,941
Health research	\$30,884,804
Subtotal	\$139,731,662
TOTAL COMMUNITY BENEFITS PROVIDED IN 2018	\$1,220,499,099

TABLE A ENDNOTES

- ¹ Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- ² Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance and Indigent Care programs on a cost basis.
- ³ Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; and special Request for Proposals to support specific health issues such as childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ⁴ Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles.
- ⁵ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.
- ⁶ Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ⁷ The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- ⁸ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or several related denominators such as the number of Educational Theatre performances or health education programs.
- ⁹ Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ¹⁰ Amount reflects the net expenditures for health professional education and training programs.
- ¹¹ Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

Table B – Community Benefits Provided in 2018 by KFH Service Area

NORTHERN CALIFORNIA HOSPITALS		SOUTHERN CALIFORNIA HOSPITALS	
Antioch	\$32,394,786	Anaheim	\$42,524,980
Fremont	\$14,061,863	Baldwin Park	\$27,713,466
Fresno	\$11,163,875	Downey	\$40,855,894
Manteca	\$30,660,309	Fontana	\$69,928,344
Modesto	\$17,944,158	Irvine	\$16,693,413
Oakland	\$53,802,561	Los Angeles	\$48,562,408
Redwood City	\$16,822,970	Moreno Valley	\$13,225,236
Richmond	\$35,849,979	Ontario	\$17,190,388
Roseville	\$50,946,592	Panorama City	\$36,968,238
Sacramento	\$85,057,853	Riverside	\$34,701,604
San Francisco	\$35,547,422	San Diego (2 Hospitals)	\$45,996,597
San Jose	\$29,984,480	South Bay	\$27,798,856
San Leandro	\$40,469,133	West Los Angeles	\$37,153,326
San Rafael	\$17,905,752	Woodland Hills	\$25,520,517
Santa Clara	\$48,816,820		
Santa Rosa	\$35,993,701		
South Sacramento	\$63,545,863		
South San Francisco	\$16,389,599		
Vacaville	\$28,202,916		
Vallejo	\$43,466,531		
Walnut Creek	\$26,638,672		
Northern California Total	\$735,665,834	Southern California Total	\$484,833,265

B. Medical Care Services for Vulnerable Populations

For the purpose of this plan, KFH has quantified the unreimbursed costs of medical services provided in its hospitals to the underinsured and uninsured through government programs funded at the federal and state levels as well as Kaiser Permanente's own charity care programs. Government-funded programs include Medi-Cal Managed Care, Medi-Cal Fee-For-Service, and Healthy Families Program. KFH provides charity care through its Charitable Health Coverage and Medical Financial Assistance programs. Services provided to prepaid Medicare, Major Risk Medical Insurance Program (MRMIP), and Access for Infants and Mothers (AIM) beneficiaries are not reported.

C. Other Benefits for Vulnerable Populations

Watts Counseling and Learning Center (SCAL)

Since 1967, the Watts Counseling and Learning Center (WCLC) has been a valuable community resource for low-income, inner-city families in South Central Los Angeles. WCLC provides mental health and counseling services, educational assistance to children with learning disabilities, and a state-licensed and nationally accredited preschool program. Kaiser Permanente Health Plan membership is not required to receive these services and all services are offered in both English and Spanish. This program primarily serves the KFH-Downey, KFH-South Bay and KFH-West LA communities.

Educational Outreach Program (SCAL)

Since 1992, Educational Outreach Program (EOP) has been empowering children and their families through several year-round educational, counseling, and social programs. EOP helps individuals develop crucial life-skills to pursue higher education, live a healthier lifestyle through physical activity and proper nutrition, overcome mental obstacles by participating in counseling, and instill confidence to advocate for the community. EOP primarily serves the KFH-Baldwin Park community.

Youth Employment Programs (NCAL and SCAL)

Youth workforce programs focus on providing underserved diverse students with meaningful employment experiences in the health care field. Educational sessions and motivational workshops introduce them to the possibility of pursuing a career in health care while enhancing job skills and work performance. These programs serve as a pipeline for the organization and community-at-large, enhancing the future diversity of the health care workforce.

D. Benefits for the Broader Community

Community Health Education and Health Promotion Programs (NCAL and SCAL)

Health Education provides evidence-based clinically effective programs, printed materials, and training sessions to empower participants to build healthier lifestyles. This program incorporates tested models of behavior change, individual/group engagement and motivational interviewing as a language to elicit behavior change. Many of the programs and resources are offered in partnership with community groups, community clinics, libraries, nonprofit organizations, cable television channels, and schools.

Kaiser Permanente Educational Theatre (NCAL and SCAL)

Since 1986, KPET has been using live theatre, music, comedy, and drama to inspire children, teens, and adults to make healthier choices and better decisions about their well-being. Its award-winning programs are as entertaining as they are educational and were developed with the advice of teachers, parents, students, health educators, medical professionals, and professional theatre artists. Professional actors who are also trained health educators deliver all performances and workshops. KPET programs share health information and develop individual and community knowledge about leading healthier lives. KPET is provided free of charge to schools and the general community. In addition to performances and classroom workshops, KPET supplies schools and organizations with supplementary educational materials - including workbooks, parent and teacher guides, and student wallet cards - to reinforce the messages presented in the programs.

E. Health Research, Education, and Training Program

Graduate Medical Education (GME)

The mission of Kaiser Permanente GME is to recruit and prepare the physician workforce of the 21st century by optimizing the unique clinical and educational opportunities within our integrated model of care, which is now considered the gold standard for improving the entire U.S. health care system. Residents trained in our healthcare settings utilize technology to provide evidence-based, patient-centered care in a team-based model, employ population management strategies, and cultivate their skills in cultural sensitivity, effective communication and leadership. As part of their training, residents participate in rotations at school-based health centers, community clinics, and homeless shelters.

Non-MD Provider Education and Training Programs

Kaiser Permanente provides education, training, residencies, internships, and/or scholarships and stipends for non-physician health care professionals in nursing, pharmacy, physical therapy, psychology, and radiology. This includes Northern California Region's Kaiser Permanente School of Allied Health Sciences, which offers 18-month training programs in sonography, nuclear medicine, and radiation therapy and Southern California Region's Hippocrates Circle Program, which was designed to provide youth from under-represented communities and diverse backgrounds with an awareness of career opportunities as a physician.

Health Research

Kaiser Permanente conducts, publishes, and disseminates high-quality epidemiological and health services research to improve health and medical care throughout our communities. Our Division of Research, Department of Research & Evaluation (NCAL), Department of Research and Evaluation (SCAL), Kaiser Foundation Research Institute, and Nursing Research Programs deploy a wide range of research methods, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared, helping build a knowledge base that improves health and health care services.

III. KFH-San Diego and Zion Community Served

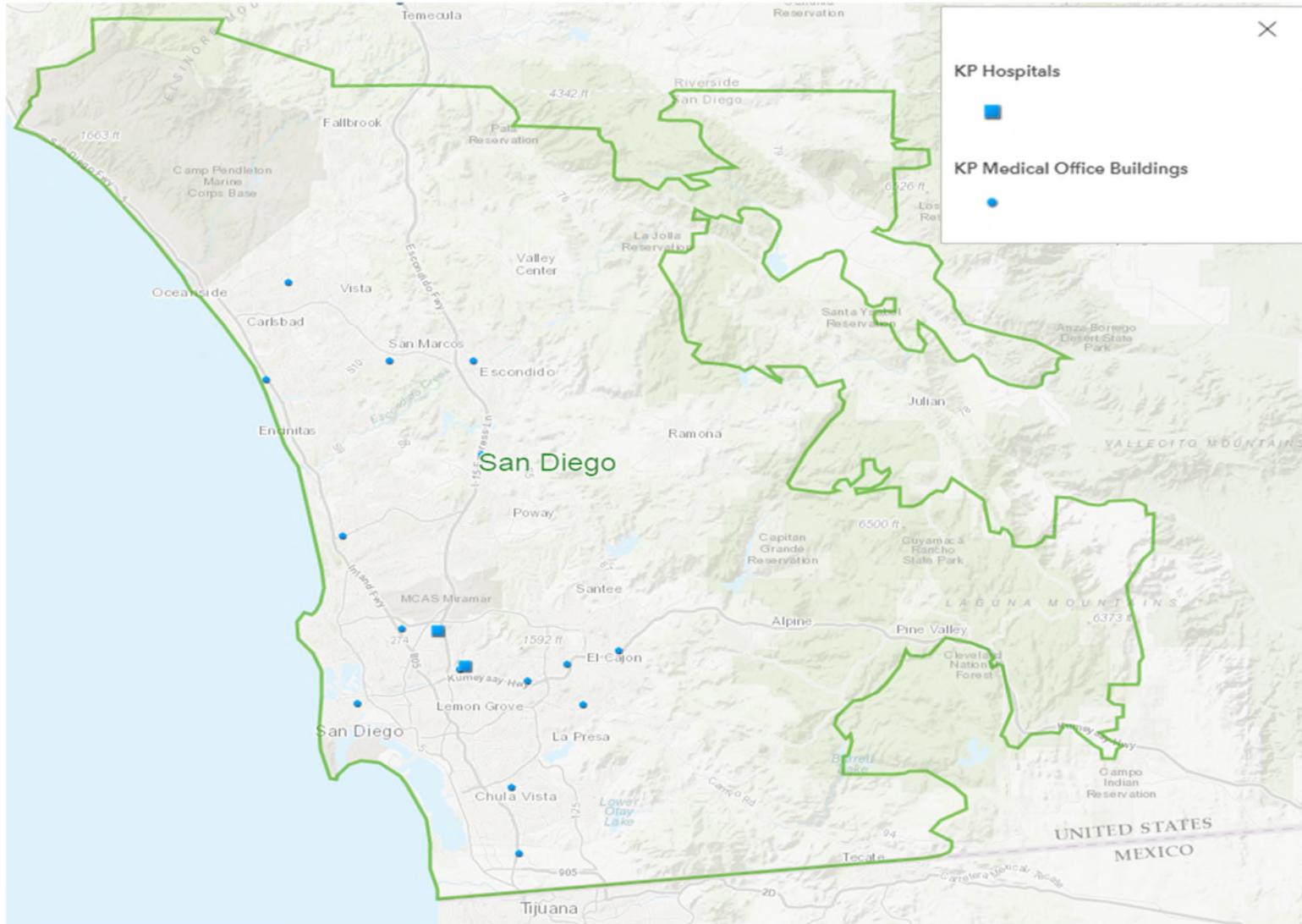
A. Kaiser Permanente's Definition of Community Served

Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

B. Map and Description of Community Served

The KFH-San Diego and Zion service area includes Bonita Chula Vista, Coronado, Del Mar, Descanso, Dulzura, El Cajon, Encinitas, Leucadia, Olivenhain, Escondido, Fallbrook, Rainbow, Guatay, Imperial Beach, Jamul, La Jolla, La Mesa, Lakeside, Lemon Grove, Lincoln Acres, Mount Laguna, National City, Oceanside, Pala, Palomar Mountain, Pauma Valley, Pine Valley, Potrero, Poway, Ramona, Rancho Santa Fe, San Diego, San Luis Rey, San Marcos, SanYsidro, Santee, Solana Beach, Spring Valley, Tecate, Valley Center, Vista, and Warner Springs.

KFH-San Diego and Zion Service Area Map



C. Demographic Profile of the Community Served

The following table includes race, ethnicity, and additional socioeconomic data for the KFH-San Diego and Zion service area. Please note that "race" categories indicate "non-Hispanic" population percentage for Asian, Black, Native American/Alaska Native, Pacific Islander/Native Hawaiian, Some Other Race, Multiple Races, and White. "Hispanic/Latino" indicates total population percentage reporting as Hispanic/Latino.

Race/Ethnicity		Socioeconomic	
Total Population	3,240,176	Living in Poverty (<100% Federal Poverty Level)	13.98%
Asian	11.38%	Children in Poverty	17.98%
Black	4.75%	Unemployment	3.3%
Hispanic/Latino	33.12%	Uninsured Population	12.23%
Native American/Alaska Native	0.34%	Adults with No High School Diploma	13.60%
Pacific Islander/Native Hawaiian	0.43%		
Some Other Race	0.17%		
Multiple Races	3.16%		
White	46.64%		

IV. Description of Community Health Needs Addressed by KFH-San Diego and Zion

The following are the health needs that KFH-San Diego and Zion is addressing during the 2017-2019 Implementation Strategy Period. For information about the process and criteria used to select these health needs and the health needs that were not selected (and the rationale), please review the 2019 CHNA Report and 2017-2019 Implementation Strategy Report at: <http://www.kp.org/chna>.

A. Access to Care

Access to Care is defined as access to high-quality, affordable, holistic, and culturally specific care. While access to health insurance has increased because of expanded coverage under ACA, there are still barriers to accessing affordable and timely care. Difficulty navigating the complex systems, lack of holistic health care providers including mental health providers, and a need for more culturally specific care are often cited as issues. According to the 2014 California Health Interview Survey, approximately 15.0% of San Diego adults compared to 15.9% in California self-reported that there was ever a time during the past 12 months when they felt that they might need to see a professional because of problems with their mental health, emotions, nerves, or use of alcohol or drugs. This indicator is a measure of general access to care.

B. CVD/Stroke

The World Health Organization defines cardiovascular disease (CVD) as a group of disorders of the heart and blood vessels that include coronary heart disease, cerebrovascular disease, peripheral arterial disease, rheumatic heart disease, congenital heart disease, deep vein thrombosis and pulmonary embolism. CVD is among the top 5 most important health problems in Central, North Central, and Southern regions of San Diego County. 'Diseases of the heart' were the second leading cause of death in the region in 2012. In addition, 'Cerebrovascular Diseases' were the fifth leading cause of death, and 'Essential (primary) hypertension and hypertensive renal disease' was the tenth. The 2011-2012 California Health Interview Survey estimates 5.8% of the adult population in San Diego County have been told by a doctor that they have coronary heart disease or angina. Mortality rates for ischemic heart disease and stroke were particularly high for African Americans (211.9 and 60.02 per 100,000 population) and Native Hawaiian/Pacific Islanders (241.4 and 47.0 per 100,000 population) in San Diego County. Unmanaged high blood pressure is also a problem in San Diego. According to the 2006-2010 BRFSS, 31.3% of adults reported that they are not taking medication for their high blood pressure.

C. Mental and Behavioral Health

Mental Health is a state of well-being in which an individual can realize their potential, can cope with normal stresses of life, and is able to contribute to their community. Mental illness is defined as "health conditions that are characterized by alterations in thinking,

mood, or behavior associated with distress and/or impaired functioning.” The following categories were found to be important health issues within behavioral/mental health in San Diego County: Alzheimer’s, Anxiety, Drug and alcohol Issues and Mood disorders. There are a wide variety of anxiety disorders including post-traumatic stress disorder, generalized anxiety disorder, and panic disorder. In San Diego County ED discharges have increased 64.2% in youth up to age 14 in 2013. In substance abuse, 17.2% of adults self-reported heavy alcohol consumption. An analysis of OSHPD shows acute substance abuse hospitalization rates increased 37.4% from 2010 to 2013 and increased most among 15-24 year-olds (58.0%) and an acute alcohol hospitalization rates grew most among 25-44 year olds with a 45.9% increase. Alzheimer’s disease increased significantly in San Diego. 60,000 individuals in the county are living with Alzheimer’s disease or other dementia in 2012 and is projected to increase by 55.9% by 2030. Suicide rates are much higher in San Diego County than in the state of California (11.3 versus 9.8 per 100,000 population) and is the eighth leading cause of death.

D. Obesity/HEAL/Diabetes

Obesity is when excess body fat has accumulated to the extent that it may have an adverse effect on health. Overweight and obesity ranges are determined using weight and height to calculate a "body mass index" (BMI). An adult with a BMI between 25 and 29.9 is considered overweight, while an adult who has a BMI of 30 or higher is considered obese. For youth aged 2-19, overweight is defined as a BMI at or above the 85th percentile and lower than the 95th percentile, while obese is defined as a BMI at or above the 95th percentile for children. 36.3% of adults aged 18 and older self-reported that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight) in the county according to 2011-2012 BRFSS data. 17.7% youth in grades 5, 7, and 9 ranked overweight for body composition on the FITNESSGRAM physical fitness test in 2013-2014. Roughly 15.9% of youth in grades 5, 7, and 9 ranked obese. Rates of overweight and obese youth were highest among Hispanic/Latino and African American youth. Obesity is an important health need due to its high prevalence in San Diego and is a significant contributor to the development of other chronic conditions, such as Type 2 Diabetes. An analysis of mortality data in the region found that in 2012 ‘Diabetes mellitus’ was the seventh leading cause of death. 7.2% of adults aged 20 and older were diagnosed with diabetes in 2012 in San Diego County and the number has been steadily rising since 2005.

V. 2018 Year-End Results for KFH-San Diego and Zion

A. 2018 Community Benefit Financial Resources Provided by KFH-San Diego and Zion

Total Community Benefit expenditures are reported as follows:

- Quantifiable Community Benefit such as facility use and in-kind donations are included if funded by KFH, provided in a KFH facility, or are part of a KFH Community Benefit Plan.
- Medical care services for vulnerable populations include unreimbursed inpatient costs for participation in Kaiser Permanente-subsidized and government-sponsored health care insurance programs.
- The unreimbursed portion of medical, nursing, and other health care professional education and training costs are included.

Resource allocations are reported, as follows:

- Financial expenditures are reported in exact amounts, if available, by hospital service area.
- If exact financial expenditure amounts were not available by hospital service area, then regional expenses were allocated proportionally on the basis of KFHP membership or other quantifiable data, such as the number of Kaiser Permanente Educational Theatre performances presented or Summer Youth students employed within each hospital area's community at large.

Table C: KFH-San Diego and Zion 2018 Year-End Community Benefit Expenditures

	2018 Totals
Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ¹	\$23,449,868
Charity care: Medical Financial Assistance Program ²	\$12,718,997
Grants and donations for medical services ³	\$377,256
Subtotal	\$36,546,121
Other Benefits for Vulnerable Populations	
Summer Youth and INROADS programs ⁵	\$103,131
Grants and donations for community-based programs ⁶	\$847,910
Community Benefit administration and operations ⁷	\$810,193
Subtotal	\$1,761,234
Benefits for the Broader Community⁸	
Community health education and promotion programs	\$139,864
Kaiser Permanente Educational Theatre	\$722,323
Community Giving Campaign administrative expenses	\$22,978
Grants and donations for the broader community ⁹	\$290,020
National board of directors fund	\$41,509
Subtotal	\$1,216,694
Health Research, Education, and Training	
Graduate Medical Education	\$4,028,582
Non-MD provider education and training programs ¹⁰	\$1,079,046
Grants and donations for health research, education, and training ¹¹	\$176,889
Health research	\$1,188,031
Subtotal	\$6,472,548
Total Community Benefits Provided	\$45,996,597

TABLE C ENDNOTES

- ¹ Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- ² Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance and Indigent Care programs on a cost basis.
- ³ Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; and special Request for Proposals to support specific health issues such as childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ⁵ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Summer Youth students hired.
- ⁶ Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ⁷ The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- ⁸ Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or several related denominators such as the number of Educational Theatre performances or health education programs.
- ⁹ Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- ¹⁰ Amount reflects the net expenditures for health professional education and training programs.
- ¹¹ Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

B. 2018 Examples of KFH-San Diego and Zion Activities Addressing Selected Health Needs

All Kaiser Foundation Hospitals (KFH) carefully consider the evidence-base when determining which goals, strategies, and related activities would be most effective in addressing priority health needs. It's anticipated that successful implementation of key activities (programs, grants, collaboration, and/or in-kind assets), tied to key goals and strategies, can contribute toward improving the priority health needs in the community. For information on the goals and strategies that were selected for each health need, please refer to the KFH-San Diego Implementation Strategy Report, posted on the internet at <http://www.kp.org/chna>.

Mechanisms for monitoring progress are tailored to each activity and may include the collection and documentation of tracking measures such as number of grants made, number of dollars spent, number of people reached/served, and number and role of KFH volunteers. KFH also conduct evaluation of larger grant initiatives to understand both progress and outcomes. In addition to internal monitoring and evaluation, KFH requires grantees to propose, track, and report outcomes of the projects for which they have received funding.

The below tables provide highlights for a select number of programs, grants, collaboration and/or assets that aims to address the identified health needs for KFH-San Diego and Zion. The examples provided below are illustrations and not an exhaustive list. Where appropriate, summative information is provided for programs that have been implemented in multiple years.

The total number and amount of paid grants to address a health need include those that are awarded to organizations providing programs serving the KFH-San Diego and Zion service area and may also serve other KFH service areas. Grant examples denoted with (-) provide services and/or programs in multiple Kaiser Foundation Hospital service areas. Grant examples denoted with (*) were distributed from the Kaiser Permanente Southern California Charitable Contribution Fund, a Donor Advised Fund (DAF) administered by the California Community Foundation; accordingly, grant amounts were not included in the community benefit totals for 2018 (Tables B and C). For individual grant examples spanning two years (2017-2018), the cited payment amount represents the total dollars paid over the two-year time period.

In addition to the below examples, which address specific health needs, Kaiser Permanente, Southern California implements additional community programs that address multiple health needs:

- Educational Theatre brings free, live theatrical programs to schools and communities. The programs are designed to inspire children, teens and adults to make healthier choices and informed decisions about their health by focusing on topics such as health reading and literacy, conflict management, healthy eating and active living, bullying, and sexually transmitted infections. All performances are delivered by professional actors who are also trained health educators. In 2018, Educational Theater provided 234 events in 69 schools in the KFH-San Diego and Zion communities, reaching 26,278 youth and 1228 adults.

Need	Summary of impact	Examples of most impactful efforts
Access to Care	<p>During 2018, Kaiser Permanente paid 5 grants, totaling \$361,667, addressing the priority health need in the KFH-San Diego and Zion service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 1 grant, totaling \$315,000 that address this need.</p>	<p><u>Providing Affordable Healthcare</u> In 2018, KFH-San Diego provided \$23,449,868 in medical care services to 50,695 Medi-Cal recipients (both health plan members and non-members) and \$12,718,997 in medical financial assistance (MFA) for 12,054 beneficiaries.</p> <hr/> <p><u>Building Primary Care Capacity~</u> The California Primary Care Association (CPCA) provides education, training, and advocacy to their member community health centers to best serve their low-income, underserved, and diverse patients. In 2018, Kaiser Permanente paid \$126,666 to CPCA to:</p> <ul style="list-style-type: none"> • Hold statewide convenings and conferences and topic-specific peer networks to support over 1,200 California community health centers. • Provide 90 in-person and web-based trainings to over 4,400 attendees and 2,890 individual instances of technical assistance. <hr/> <p><u>Preserving and Expanding California Coverage Gains~</u> Insure the Uninsured Project (ITUP) works to preserve and expand access to health care and coverage in California and to reduce access barriers for uninsured and underinsured populations. Over two years (2017-2018), Kaiser Permanente paid \$150,000 to ITUP to:</p> <ul style="list-style-type: none"> • Conduct and disseminate health policy research. • Convene 13 regional statewide work groups to provide attendees with real-time updates on state and federal health care policy issues, emerging issues, and local collaboration opportunities. • Provide technical assistance to safety net providers and other stakeholders navigating health reform challenges. • Serve as a bridge between health policy and the health care sector to reach 19 million Californians.

Need	Summary of impact	Examples of most impactful efforts
		<p><u>Supporting Hepatitis A Health Emergency</u> On September 1, 2017, the County of San Diego declared a local health emergency. Approximately 584 cases of Hepatitis A were diagnosed between November 2016 and December 2017. This health concern included 400 hospitalizations and 20 deaths. The populations most impacted were homeless and/or illicit drug users who had poor access to health insurance. In response, Kaiser Permanente San Diego partnered with the County Public Health Team and the City of San Diego to form a Community Health Task Force. This task force recruited 30 employees and physicians to provide free vaccinations to homeless individuals on the street or in shelters to help eradicate the outbreak and reduce illness. Additionally, the task force also provided free vaccinations to law enforcement and first responders who interacted with the high-risk population. Results from the initiative include:</p> <ul style="list-style-type: none"> • The County of San Diego ended public health emergency in Q1 2018 • New best practices established for coordination of services during a public health crisis to prevent loss of life and provide on the ground critical community support. • Kaiser Permanente was quickly able to partner with the County for a new public health outbreak of Meningitis B in the college community in Q4 2018 to deliver vaccinations to impacted at-risk populations.
CVD/ Stroke	During 2018, Kaiser Permanente paid 4 grants, totaling \$150,000, addressing the priority health need in the KFH-San Diego and Zion service area.	<p><u>Addressing Stroke Treatment Methodologies and Policies</u> San Diego Stroke Consortium hosts a best practice-sharing forum on stroke treatment methodologies and policies has been very effective in building community engagement and collaboration. Strike Out Stoke consists of various stroke care leaders like Scripps Health, Sharp HealthCare, and Palomar Health. KFH-SD San Diego Quality Improvement and Patient Safety Division partners with the County of San Diego and stroke receiving centers. Over two years (2017-2018), Kaiser Permanente:</p> <ul style="list-style-type: none"> • Circulated educational resources about the signs, symptoms, and prevention of stroke, and how to recognize those recovering from stroke at the Strike Out Stoke event. • Hosted an educational event on StrokeNet and other related topics and was attended by a total of 80 stroke care leaders.

Need	Summary of impact	Examples of most impactful efforts
		<p data-bbox="716 256 1906 289"><u>Bridging the Community to Clinic Gaps through the Mobile Health Vehicle</u></p> <p data-bbox="716 289 1906 492">Over two years (2017-2018), in partnership with 40 local healthcare and social service providers, Kaiser Permanente helped bridge the community to clinic gaps that exist in Southwest San Diego and to increase health equity at the monthly Big Lots Community Outreach Event. The Mobile Health Vehicle also participated in the County of San Diego’s “Love Your Heart” event which is an annual county blood pressure screening event in February of 2018. Through these partnerships, Kaiser Permanente:</p> <ul data-bbox="716 508 1906 678" style="list-style-type: none"> <li data-bbox="716 508 1906 605">• Provided 884 blood pressure screenings, 440 blood sugars screenings, 231 health education sessions, 274 mammograms, and 127 HIV tests over two years (2017-2018) at the Big Lots Community Outreach event. <li data-bbox="716 605 1906 678">• Provided 756 blood pressure screenings at five different County of San Diego locations in 2018 for “Love Your Heart.” <hr/> <p data-bbox="716 703 1906 735"><u>Focusing on Social Determinants of Health and Data</u></p> <p data-bbox="716 735 1906 1109">Be There San Diego (BTSD) has focused on the social determinants of health (SDOH) with their University of Best Practices (UBP) and Data for Quality Group (DQG) work. The UBP is a monthly learning collaborative environment for clinical leaders from the San Diego medical groups, including FQHCs, health plans and other interested stakeholders. The DQG is a smaller group of medical leaders who are committed to sharing data and making targeted improvements. They have added a SDOH focus to both pieces of work during 2017 and 2018. In 2017 they focused on the development of organizations recommendations for food security, physical activity and access to nutritious foods within San Diego’s healthcare organizations, including community clinics. In 2018 they have focused adding race/ethnicity data to the DQG data collection and reporting efforts. Over two years (2017-2018), Kaiser Permanente paid \$150,000 to Be There San Diego to:</p> <ul data-bbox="716 1125 1906 1372" style="list-style-type: none"> <li data-bbox="716 1125 1906 1190">• Complete and disseminate organizations’ recommendations regarding food security, physical activity and nutrition working with the BTSD medical leadership. <li data-bbox="716 1190 1906 1255">• Add physical activity as a keynote to the annual Heart Attack and Stroke Free Zone Summit. <li data-bbox="716 1255 1906 1295">• Add race data from 5 of 12 medical groups participating in DQG. <li data-bbox="716 1295 1906 1336">• Add reporting by race during the December 2018 DQG. <li data-bbox="716 1336 1906 1372">• Create a new acceptance amongst the medical leaders of reporting on race/ethnicity.

Need	Summary of impact	Examples of most impactful efforts
Mental and Behavioral Health	<p>During 2018, Kaiser Permanente paid 16 grants, totaling \$645,000, addressing the priority health need in the KFH-San Diego and Zion service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 1 grant, totaling \$40,000 that address this need.</p>	<p><u>Strengthening Mental Health Policies and Practices in Schools~</u> Children Now educates policymakers, school district leaders, and other key stakeholders about best practices and policy solutions to address suspension and expulsion policies that disproportionately impact students of color, improve school climate, and increase students' access to mental health services. Over two years (2017-2018), Kaiser Permanente paid \$150,000 to Children Now to:</p> <ul style="list-style-type: none"> • Inform over 200 key legislators and stakeholders. • Support the California Department of Education in the development of the Whole Child Resource Map. • Lead committees for both the State School Attendance Review Board and the Superintendent's Mental Health Policy Workgroup. <hr/> <p><u>Delivering Mental Health Therapy to Refugee Students*</u> Cajon Valley Union School District, in partnership with Survivors of Torture, improves access and connection to mental health care in the school setting. In 2018, Kaiser Permanente paid \$40,000 to the school district to:</p> <ul style="list-style-type: none"> • Expand mental health therapy for 100 refugee students fleeing war and persecution.

Need	Summary of impact	Examples of most impactful efforts
		<p data-bbox="722 256 1369 289"><u>Providing Substance Abuse Recovery Support</u></p> <p data-bbox="722 293 1890 553">The Vista Hill Foundation operate the ParentCare Family Recovery Center which offers comprehensive treatment and support components to address the wide range of issues that afflict women struggling with substance use disorder. ParentCare is unique in that it operates on a bio-psycho-social model, thereby accepting dually diagnosed patients. Most women lack health insurance, and their only option is a long wait list for a community clinic (meantime, often failing in their drug/alcohol treatment due to their untreated mental health symptoms.) Over two years (2017-2018), Kaiser Permanente paid \$36,000 to Vista Hill Foundation to:</p> <ul data-bbox="722 581 1890 922" style="list-style-type: none"> <li data-bbox="722 581 1848 646">• Serve a total of 352 women through group counseling for dual diagnosis issues and provided psychiatric care to 120 women. <li data-bbox="722 651 1228 683">• Offer 205 yoga/mindfulness groups. <li data-bbox="722 688 1627 721">• Attain an 85% completion of being employed or enrolled in school. <li data-bbox="722 725 1890 922">• In 2017, at completion 85% report being employed or enrolled in school. 97% of clients who finished the program now report that their quality of life is excellent or good and 90% report owning or renting their own residence. In 2018 at completion 80% report being employed or enrolled in school. 91% of clients who finished the program last year now report that their quality of life is excellent or good and 85% report owning or renting their own residence. <hr/> <p data-bbox="722 954 1642 987"><u>Fostering Healthier Choices Through School-Based Performances</u></p> <p data-bbox="722 992 1890 1117">The Kaiser Permanente Educational Theatre program is designed to inspire children, teens and adults to make healthier choices by providing school-based performances addressing health literacy, conflict resolution, healthy eating and active living, adolescent bullying awareness and STD prevention. Over two years (2017-2018) Educational Theatre:</p> <ul data-bbox="722 1138 1438 1203" style="list-style-type: none"> <li data-bbox="722 1138 1407 1170">• Provided 433 performance events in 141 schools. <li data-bbox="722 1175 1438 1203">• Reached 57,385 youth and adults in the community.

Need	Summary of impact	Examples of most impactful efforts
Obesity / HEAL/ Diabetes	<p>During 2018, Kaiser Permanente paid 16 grants, totaling \$1,001,961, addressing the priority health need in the KFH-San Diego and Zion service area. In addition, a portion of money managed by a donor advised fund at California Community Foundation was used to pay 11 grants, totaling \$1,838,694 that address this need.</p>	<p><u>Advocating for Maternal, Infant, and Child Health~</u> The California WIC Association (CWA) supports efforts to increase local WIC agencies' capacity, increase state and federal decision makers' understanding of WIC services, and increase the capacity of community health centers to build a breastfeeding continuum of care in low-income communities. Over two years (2017-2018), Kaiser Permanente paid \$100,000 to CWA to:</p> <ul style="list-style-type: none"> • Pilot two video conferencing projects increasing awareness and consideration within the CA WIC community. • Collaborate with health centers to share WIC staff for nutrition and breastfeeding counseling (Watts Health Care and clinics in San Diego). • Work to strengthen ties with CPCA and present at CPCA's annual conference. • Visit all CA legislators with 44 appointments and drop-in visits. • Provide extensive information to legislators on nutrition and breastfeeding counseling, food benefits, local economic impacts to grocers, health outcomes, access to farmers markets, and updates on immigration threats. • Participated in Capitol WIC Education Day in Sacramento with 50 attendees from 30 WIC agencies from all over the state. <hr/> <p><u>Fighting Food Insecurity~</u> California Association of Food Banks' (CAFB) Farm to Family program's goal is to improve health food access by providing fresh produce to food banks, CalFresh outreach and enrollment, advocacy to support anti-hunger policies, and technical assistance to members. In 2018, Kaiser Permanente paid \$95,000 to CAFB to:</p> <ul style="list-style-type: none"> • Distribute 250,000 pounds of subsidized fresh fruits and vegetables to 11 member food banks. • Maintain the State Emergency Food Assistance Program to provide food and funding of emergency food to food banks.

Need	Summary of impact	Examples of most impactful efforts
		<p data-bbox="720 256 1713 284"><u>Supporting Healthy Eating and Active Living through Systems Change*</u></p> <p data-bbox="720 290 1898 386">Community Health Improvement Partners' (CHIP) HEAL Zone site makes policy, system, and environmental changes to increase healthy eating and physical activity opportunities in the City of Lemon Grove. In 2018, Kaiser Permanente paid \$333,333 to CHIP to:</p> <ul data-bbox="720 407 1898 613" style="list-style-type: none"> <li data-bbox="720 407 1629 435">• Provide a weekly farmers market with 12 vendors to 100 residents <li data-bbox="720 441 1860 505">• Influence the City of Lemon Grove to pass policies in parks to ban the use of alcohol and marijuana, and to install 12 bilingual signs. <li data-bbox="720 511 1860 574">• Repaint bathrooms, fix lights and water fountains, and clean up trash at both Lemon Grove and Berry Street Park. <li data-bbox="720 581 1898 613">• Sign a 2-year lease with the City of Lemon Grove to operate a large community garden. <hr/> <p data-bbox="720 639 1692 667"><u>Increasing Access to Nutritious Foods Through A Community Garden</u></p> <p data-bbox="720 673 1898 932">Kaiser Permanente donated 5-acres of vacant land in El Cajon to create New Roots Fresh Farm Community Garden, a garden which is intended to help families become healthy, increase physically activity, and build community through gardening. The gardeners provide one another with nutrition education and work together to help engage the community. There are 48 active growing spaces for refugees and underserved populations. Additionally, there are 88 raised beds split between 9 market gardeners selling at various farmers' markets throughout San Diego County. Over two years (2017-2018), the create New Roots Fresh Farm Community Garden:</p> <ul data-bbox="720 954 1367 1024" style="list-style-type: none"> <li data-bbox="720 954 1356 982">• Harvested over 82,850 pounds of vegetables. <li data-bbox="720 989 1367 1024">• Produced approximately \$111,700 of produce.

Need	Summary of impact	Examples of most impactful efforts
		<p data-bbox="720 256 1062 284"><u>Fighting Against Hunger</u></p> <p data-bbox="720 289 1908 483">Hunger Free San Diego is a research/planning initiative. Primary goals: maximize utilization of federal nutrition programs bringing hundreds of millions of new dollars to our fight against hunger; improve coordination/capacity of local hunger relief; and integrate food assistance/referral into everyday environments (clinics, housing, churches, etc.). Over two years (2017-2018), Kaiser Permanente paid \$150,000 to the San Diego Hunger Coalition to:</p> <ul data-bbox="720 509 1908 813" style="list-style-type: none"> <li data-bbox="720 509 1801 537">• Provide an annual brief with numbers/demographics of food insecure population <li data-bbox="720 542 1881 607">• Create a resource mapping of all food assistance in SD County by program type (91% is from federal nutrition programs). <li data-bbox="720 612 1026 639">• Calculate meal gap. <li data-bbox="720 644 1808 709">• Create a Hunger Free Kids report with utilization of child nutrition programs in 25 highest need districts. <li data-bbox="720 714 1908 813">• Provide successful dual-enrollment/Medi-Cal In-Reach pilot with HHSA: 21% applied for CalFresh (statewide average is <10%); will scale up model for SSI recipients newly eligible for CF.